UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.42
2 February 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1996
9-12 April 1996
Item 4 of the provisional agenda*

FOR INFORMATION

SUMMARY OF MID-TERM REVIEWS OF COUNTRY PROGRAMMES

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) on the consideration and approval process of country programme recommendations. In that decision, the secretariat was requested to submit to the Board a summary of the outcome of mid-term reviews and major evaluation reports, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country note. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews described in the present report were conducted during 1995. The report on mid-term reviews to be presented in 1997 will also include a summary of the reports of major evaluations done at the country level.

* E/ICEF/1996/9.

/...

CONTENTS

		Paragraphs	Page
I.	EASTERN AND SOUTHERN AFRICA	1 - 3	3
II.	WEST AND CENTRAL AFRICA	4 - 10	3
III.	AMERICAS AND THE CARIBBEAN	11 - 14	5
IV.	EAST ASIA AND THE PACIFIC	15 - 23	6
V.	SOUTH ASIA	24 - 27	8
VI.	CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES	28	8
VII.	MIDDLE EAST AND NORTH AFRICA	29 - 34	9

I. EASTERN AND SOUTHERN AFRICA

1. A mid-term review was held in Rwanda in July 1995 following the implementation of a new country programme in 1993. Since the start of the new country programme, the country has experienced severe instability, culminating in massive inter-ethnic violence in 1994, with the deaths of up to 1 million people and the creation of nearly 2 million refugees in neighbouring countries. The conflict has fundamentally affected the condition of Rwandan children and women, requiring highly adaptive responses. The country programme as originally designed was effectively halted by the war and genocide of 1994 and superseded by emergency and rehabilitation measures undertaken in conjunction with the new Government.

2. The mid-term review noted that following the 1994 conflict, new programme activities had been introduced to address the needs of unaccompanied children, promote reconciliation through peace education and undertake preparedness planning in case of further conflict or the return of large numbers of refugees. This contingency planning has taken both country and subregional dimensions, with the support of UNICEF offices in neighbouring countries, the regional office and New York headquarters. Another feature of the programme has been the extensive involvement of non-governmental and local partners in implementation, following the severe disruption of national-level institutions. Coordination between United Nations agencies in Rwanda also has supported implementation. The operational flexibility and emergency fund-raising capacity of UNICEF have been key to an effective response to emergency needs, although weaknesses have been apparent in such internal support systems as procurement and rapid identification of qualified, available personnel.

3. The review concluded that UNICEF, with substantial donor support, was able to provide a rapid response to humanitarian needs in Rwanda following the 1994 crisis, and provided valuable support to the restoration of basic services and the newly constituted government structures. Noting initial inadequacies in coordination with the new Government and the need for greater prioritization in view of expected declines in available funding, the review indicated that UNICEF cooperation should focus increasingly on support to institutional capacity-building and policy development for the delivery of basic services at national and decentralized levels. Support will need to continue for the reunification of families, the integration of demobilized child soldiers, legal and other assistance to child prisoners, and the recovery of trauma victims. The evolution of the political situation in both the country and the subregion over the next two years will determine the feasibility of preparing a new five-year programme.

II. WEST AND CENTRAL AFRICA

4. Four countries from the region - Cameroon, the Congo, Guinea-Bissau and Mali - undertook mid-term reviews in 1995. The country programmes were developed in the early 1990s and their programme objectives are marked by the goals of the World Summit for Children. At the same time, the mid-term reviews attempted to measure progress and assess processes to promote sustainable development, thus making them complex tasks.

5. Both Cameroon and the Congo are countries with natural resources and expanding economic bases. Each has an under-five mortality rate (U5MR) of around 110 per 1,000 live births.

6. The country programme for Cameroon for the period 1991-1995 was carried out in an environment of economic decline and social instability, resulting in a slow start and the development of a bridging programme for 1996-1997. However, since 1993, immunization coverage has increased significantly; the oral rehydration therapy (ORT) use rate has reached 80 per cent; legislation has been introduced for the iodization of all salt; the number of cases of dracunculiasis (guinea worm disease) has been reduced to fewer than 10; initiatives for girls' education have been developed in the areas with the greatest gender disparities; and advocacy for the implementation of the Convention on the Rights of the Child has received new impetus. Initially, the programme emphasized service delivery, but since 1994, there has been more focus on capacity-building and community participation. In the future, greater weight will be given to empowerment in order to sustain the results achieved.

7. The country programme for the Congo for the period 1992-1996 was developed in a context of optimism about early progress towards democratization. However, political and ethnic strife disrupted the political transition process in 1993-1994 and social services were severely affected. Nevertheless, there has been some progress, with substantial increases in immunization coverage and ORT use, and several health centres have been revitalized as part of the reform of the health sector. Despite funding problems, some initiatives have been undertaken in the reform of the education sector. The Convention on the Rights of the Child has been ratified. In the future, the programme will attempt to balance vertical service delivery and the development of the primary health care (PHC) system based on community empowerment. In addition, the programme will support innovative actions to improve the quality of education.

8. Guinea-Bissau and Mali are least developed countries with high U5MRs of 231 and 214 per 1,000 live births, respectively.

9. Guinea-Bissau has recently experienced a period of positive socio-political change, and the first democratically elected Government has adopted the 1994-1997 programme as a major entry point for social sector development. The Parliament has discussed the Convention on the Rights of the Child. The revitalization of the health system has resulted in improved services, and basic education initiatives in pilot areas have led to increased school attendance rates, particularly for girls. The water supply and sanitation programme, however, has had uneven results. For both programmatic and financial reasons, the programme will in future focus its interventions in selected regions. This will lead to greater convergence and allow for expansion as experiences are gained and more funds become available. There will be a particular emphasis on improved collaboration with bilateral donors, United Nations agencies and non-governmental organizations (NGOs).

10. Mali managed to end a period of civil unrest in early 1994 when a new head of State was inaugurated. The country programme for the period 1993-1997 has benefited from promising initiatives in democratization, decentralization and social reform. In the north, armed conflict came to an end in mid-1995 and social development programmes have resumed. Effective coordination among a range of donors has facilitated the process of health sector reform. Increasing numbers of health centres have been revitalized; immunization coverage and ORT use rates have risen; substantial gains have been achieved in water supply and hygiene education; and there has been a reduction in the number of cases of dracunculiasis. The programme is poised to play a significant role in the

reform of the educational sector, using experience gained in innovations in non-formal education and emphasizing the development of a national policy for girls' education. On the other hand, nutrition initiatives have been constrained by the lack of a national policy and trained staff. Key recommendations for the future include increased emphasis on training, information and communication and greater focus on community empowerment for sustainability.

III. AMERICAS AND THE CARIBBEAN

11. During 1995, one mid-term review - of the Bolivia country programme - was held in the region. The review focused on progress towards the goals of the World Summit for Children, and found that implementation of the UNICEF country programme is proceeding as planned, with a high public profile, managerial efficiency, great credibility and the participation of a large number of counterparts from the Government, NGOs, grass-roots organizations and the private sector.

12. Several important achievements in the social sector identified with the mid-decade goals, particularly the ongoing process of educational reform, received sustained support from UNICEF. As a result of the mid-term review, the national programme of action is receiving renewed political backing. The review found that objectives, strategies and priorities are fully in tune with the Government's current social policy and are responding to the real needs of Bolivian children and women. The strategy mix has proven effective and, with minor adjustments, was found to be appropriate for the second half of the programme cycle.

13. The choice and mix of strategies varies according to the goals for each sector. For example, because the basic needs of a large portion of the population are not being met, the health and education programmes focus on service delivery, with a progressive transfer of costs and responsibilities to national counterparts, as with immunization activities. The private sector has played an important role in the development of national capacity, and programmes for salt iodization, local production of oral rehydration salts and sugar fortification are all operational. Three area-based programmes (for Andean, Guarini and Amazon communities) operate at the community level using an integrated and participatory approach. They aim to foster and strengthen local organizations and to support productive activities with the provision of basic services. Many different counterparts help to implement the country programme, including government institutions, NGOs, community organizations, indigenous groups, women's associations, the media and the private sector. Developing these human resources is indispensable for the sustainability of programme activities.

14. The review found that although programmes to date have focused mainly on rural areas, migration patterns show that poverty is being transferred from rural to urban areas. While development interventions in rural areas are expected to contain migration to urban centres, the change should be taken into account in a possible readjustment of the country programme's geographical focus during preparation of the next country programme.

IV. EAST ASIA AND THE PACIFIC

15. In 1995, mid-term reviews were held for the country programmes for the Lao People's Democratic Republic and Papua New Guinea. The two countries share some common trends and characteristics: high rates of infant, under-five and maternal mortality; low rates of school completion; low rates of access to water supply and sanitation facilities; difficult terrain; limited infrastructures; and limited access to fixed health centres (15-20 per cent in Papua New Guinea and 25 per cent in the Lao People's Democratic Republic).

16. Both mid-term review meetings involved the participation of senior government officials from national and provincial levels, NGO partners, representatives of United Nations agencies and major donors. In Papua New Guinea, for example, the Australian Agency for International Development (AUSAID) and the Australian Committee for UNICEF participated in the meeting. The preparation of data and analysis for the formal reviews reflected a high level of seriousness and commitment on the part of government partners and UNICEF in both countries.

17. Based on the needs of children and women, both programmes, which were planned in 1991 and 1992, respectively, within the framework of the World Summit goals, reflected a broad range of multisectoral interventions, including plans for strengthening planning capacities at the national level. In the process of implementation in 1993-1994, the programmes had to be adjusted in a realistic manner with a focus on immunization and a few other achievable programme goals. This adjustment has proven to be effective and notable results were achieved in 1994-1995. Achieving the goal for universal child immunization (UCI), for example, appears to be feasible in both countries in 1996-1997.

18. A review of the strategy mix in the Lao People's Democratic Republic indicated that the highest level of national leadership was mobilized with persistent advocacy, including a visit by the late Executive Director in 1993. Once the expanded programme on immunization (EPI) became a national priority, a decentralized approach to building capacities at provincial and district levels was adopted. Through an outreach strategy for service delivery, each district was divided into four zones - ranging from villages within three kilometres of a health centre to those requiring a 3-4 day walk to the health centre - for immunization contacts with mothers and children four times a year, involving a total of 12,000 villages. Provincial governors, district and local community leaders and the Lao Women's Union (LWU) were mobilized for organizing visits by health workers and for monitoring coverage in each district and province. Training designed for improving the performance of health workers and the mobilization capacities of LWU, combined with improved cold-chain facilities, and regular joint visits to provinces by senior health officials and the UNICEF representative and staff, helped bring together a dynamic and flexible mix of strategies and adapt them to meet local needs.

19. Based on the EPI results achieved and confidence gained, the goal-oriented approach was extended to programmes for iodine deficiency disorders (IDD) and the control of diarrhoeal diseases (CDD), water supply and sanitation and vitamin A. The IDD survey showed that 95 per cent of the population was affected by iodine deficiency, which led to the development of a strong action plan for universal salt iodization. Communities contributed an average of 40 per cent of the costs of water systems and 60 per cent of sanitary facilities; women's groups have earned excellent credit ratings through

revolving funds; intensive communication activities for malaria control led to high participation rates among families who contribute to buying and using impregnated bed nets; and parents of children of ethnic minorities in remote areas have participated in activities to upgrade schools to increase school attendance.

20. In Papua New Guinea, renewed efforts to focus on EPI, mobilize national leadership for the child survival programme, strengthen local capacity and outreach services through "patrols" to remote villages, with increased contributions from AUSAID, have revived hopes for achieving UCI in 1996. The importance of an area-focused, decentralized approach also has been recognized in two provinces. In each province, attempts have been made to focus on a few measurable objectives; to adapt strategy mixes to local situations; to involve local, traditional or community leaders; and gradually to expand programme coverage as experience is gained. With the use of permetrin-treated bed nets and reduction of parasite rates, the percentage of the population affected by malaria cases was reduced from 34 per cent in 1988 in the Southern Highland Province to 2.8 per cent in 1994; coverage rates for three doses of combined diphtheria/pertussis/tetanus vaccine increased to 83 per cent; and access to antenatal care increased to 70 per cent in 1994. In the Losuia District of Milne Bay Province, 103 trained village birth attendants are now in 78 villages; access to antenatal care increased to 97 per cent; and the percentage of supervised deliveries increased to 53 per cent in 1994. While the issue of achieving and sustaining UCI will be tested in 1996 and beyond, the chances of success of district- and village-level activities seem to be greater in Papua New Guinea.

21. The lessons of the two mid-term reviews indicate that in countries with relatively weak infrastructures for social development, limited government capacities to provide basic services and limited demand for services from families and communities, a goal-oriented approach to programming is a strong motivating and mobilizing factor once the multiple objectives are reduced to an achievable few. The strategy mix in such cases is focused essentially on the delivery of one or a few selected basic services which challenge various partners to work together. Decentralized programming makes it more manageable to experiment and implement programmes in difficult situations by combining advocacy, social mobilization, staff training and understanding of the practical difficulties of implementation with local cultural and social dynamics of community participation, local leadership and issues of poor and vulnerable women and children. A highly responsive and closely monitored process of UNICEF support to partners enables concerned government partners to adjust and adapt the strategy mix to each local situation in a flexible manner. A few success stories help to increase confidence and build capacities to expand programme operations for wider coverage and achieve more complex goals.

22. Both programmes have required intensive staff support, particularly international staff for programming and management. Efforts to recruit and train national staff have been undertaken slowly but deliberately, with some success. As the two programmes undertake country programming exercises in 1996 for the next programme cycle for the period 1997-2001, these lessons are expected to help define country programme objectives and devise programme strategies for achieving goals and having a measurable impact.

23. In the Lao People's Democratic Republic, a level of $17.4 million in supplementary funds was originally approved by the Executive Board, although funds were slow to materialize and totalled only $700,000 in 1992. However,

vigorous advocacy with locally represented donors, reinforced by demonstrable programmatic success, resulted in a total of $10.9 million received by the end of 1995.

V. SOUTH ASIA

24. Bhutan, Nepal and Sri Lanka had mid-term reviews during 1995. The following are examples of achievements noted by the reviews. Bhutan's rural water supply has increased to 69 per cent, immunization has been sustained at over 80 per cent and the country is close to achieving universal salt iodation. Nepal's non-formal education activities reach 250,000 people per year, and the community-based programme and the urban basic services project assisted over 210,000 people. The Government of Sri Lanka will be purchasing all EPI vaccines by 1997, and immunization coverage of over 80 per cent, and in some places over 95 per cent, has been maintained. Iodization of salt was finally made mandatory in 1993, although it was accepted as official policy since 1988.

25. The reviews indicated that of the three programmes, the Bhutan programme is running most smoothly. Its review recommended further involvement by the public at the village level, acknowledging that poor people are the key actors in their own development. This will require more efforts to inform, educate and train them. Both the Nepal and Sri Lanka programmes attracted less funding than anticipated.

26. In Nepal, inaccurate targeting diminished the programme's impact on the most marginalized. A lack of monitoring and evaluation led to late identification of problems and inaccurate baseline data. The numbers, quality, motivation, training, transfer and management of government programme staff was a constraint, as were slow transfers of government programme funds. Use of the terms "empowerment" and "social mobilization" without realizing how to achieve them was constricting. Gender and child development perspectives were rarely incorporated. The programme was split into too many projects, leading to managerial inefficiencies. These findings constitute much of the basis for the formulation of the new country programme for the period 1997-2001, as reflected in the country note (E/ICEF/1996/P/L.32) presented to the Executive Board at its first regular session of 1996.

27. In Sri Lanka, it was found that there has been success in changing the opinion of senior policy makers that the malnutrition problem is caused mainly by poverty and can only be reduced through income supplements to the poor, to an understanding that nutrition can be improved by better caring practices, in particular improved feeding practices. There were early signs that the new "participatory nutrition improvement programme" is having more impact than traditional feeding programmes.

VI. CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES AND THE BALTIC STATES

28. During 1995, most countries in the region completed programming exercises leading to the preparation of country notes and/or country programme recommendations. Therefore, no mid-term reviews were scheduled during the year. However, formal reviews are planned for the Central Asian republics and Kazakhstan by mid-1996.

VII. MIDDLE EAST AND NORTH AFRICA

29. Three mid-term reviews were held in the region in 1995, of the programmes for the Islamic Republic of Iran, Jordan and Yemen. Each review included discussion with government counterparts and involved the United Nations Development Programme and other key United Nations partners.

30. In the Islamic Republic of Iran, the basic country programme objectives were reaffirmed, and progress was noted towards the mid-decade goals in both the health and education sectors. Particular note was made of accomplishments in the health sector, including the impressive PHC system, which has been able systematical to reach all children with immunization and to implement "baby-friendly" measures to promote breast-feeding. Also noted were gains in rationalizing and modernizing systems for the collection of demographic and health information, as well as the imaginative use of qualitative research, especially in the education sector, to investigate reasons for girls' higher school drop-out rates. The results of the Multiple Indicator Cluster Survey, conducted in September 1995, confirmed that most of the mid-decade goals have been achieved. Therefore, the focus has now shifted to goals for the end of the decade.

31. The review agreed on a number of measures to "fine tune" the current programme of cooperation. In the health sector, these included more specific focus on neonatal and maternal mortality reduction; further strengthening of routine data collection, including by "closing the loop" to provide feedback and analyses to communities and families; by pursuing cooperation with the World Bank on improving the health information system; and by increasing demand for better health services to complement the improvements made by better service provision. In education, new qualitative information about the reasons for girls' drop-out rates in certain parts of the country shows that this is due largely to economic and cultural factors, and the education programme will thus need to involve policy makers and opinion leaders in activities to address these factors. As the area-based programme has been particularly successful in instituting creative health activities through the creation of a cadre of health volunteers, funds earmarked for this purpose will be shifted to the health sector, while the area-based programme will continue to experiment with other innovative activities to empower the community and accelerate achievement of the goals.

32. In Jordan, the review found the programme of cooperation to be on track, with achievement of most of the mid-decade goals and the building of systems to sustain them. In education, the mandate of a main counterpart has been broadened from educational research to include human resource development, which promises to spur improvements in the quality of education. In addition, the scope of the counterpart's involvement now includes the establishment of an education management information system and media-centred initiatives to improve early childhood development through better parenting. The review made a series of recommendations for adjusting the remainder of the country programme cycle. The emphasis should continue to shift from service delivery and supplies to capacity-building, empowerment and advocacy, especially through intensive communications efforts. Consolidation of health achievements will make it possible to focus on improving the quality of PHC and on safe motherhood and reducing neonatal mortality. Additional efforts will be made to reach youth and children directly, including on health issues. There should be more emphasis on targeting high-risk geographic areas and for urban and peri-urban areas, including through an area-based approach.

33. In Yemen, the review looked closely at the infrastructural factors affecting the situation of women and children and at the context of the cooperation between the Government and UNICEF. It noted a number of constraints, including budgets that are too low to meet stated goals. These budgets include the level of UNICEF general resources and government allocations. Difficulties in raising sufficient supplementary funds also were noted. Other infrastructural concerns noted include: frequent changes in project managers and vacancies in counterpart ministries; lengthy customs clearance procedures; lack of data and of monitoring and evaluation of programmes; and coordination at the programme level within line ministries. The review also discussed the impact of conflicts on the status of children, including through the weakening of infrastructure, and on the country's economic situation as remittances have decreased and many people have been repatriated.

34. These developments require adjustments in the country programme. In the health sector, the review recommended that the programme place priority on rehabilitation of the PHC network. This can be closely coordinated with the expansion of the PHC infrastructure that is planned with investments funded by the World Bank. Moreover, the areas of support should be chosen to meet the country's specific needs, namely EPI, CDD, acute respiratory infections, salt iodization and dracunculiasis eradication. Safe motherhood is an additional critical area of concern, in which there is new opportunity for close cooperation with the United Nations Population Fund. An integrated strategy for health service delivery should be undertaken, with strong community participation and seeking continued and greater support from donor agencies. It was decided that the education programme would be streamlined from 15 to 3 projects; that the information/communication programme would more narrowly support the sectoral priority projects; and that the area-based programme would be revised and reflected as a strategy under each sectoral programme. It was decided that the existing master plan of operations would be revised to reflect the conclusions of the review, in terms of both strategies and budget allocations. The revised master plan of operations would be submitted to the Ministry of Planning and Development for review and signature.